

<b>Case Number:</b>	CM14-0013486		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

While working as a medical technician, the claimant, a 43-year-old female, was on injured on December 10, 2010, when she walked through a doorway and fell. The records available for review document injuries to the neck, low back and upper extremities. The claimant underwent numerous chiropractic sessions between the time of injury and January 2014. A handwritten PR2 report dated January 8, 2014, documents continued complaints of bilateral wrist pain and reports that the current chiropractic regimen has been helpful. Objective findings show trapezial and rhomboid tenderness and spasm with bilateral wrist pain upon palpation and restricted lumbar range of motion. The claimant was diagnosed with cervical herniated disc, lumbar herniated disc and congenital stenosis. This request is for bilateral wrist braces and 12 additional sessions of chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CHIRO SERVICES WITH MODALTES AND EXERCISES TWO TIMES SIX:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines provide for a maximum of eight weeks of chiropractic care following acute injury. In this case, the reviewed records document chiropractic care for more than one year. Given that the claimant has already received care in excess of the Chronic Pain Guidelines, the request for additional chiropractic visits with modalities and exercises would not be supported, therefore the request is not medically necessary.

**DURABLE MEDICAL EQUIPMENT: BILATERAL WRIST BRACES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure - Splints Recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. Treating fractures of the distal radius with casting versus splinting has no clinical difference in outcome. See also Casting versus splints. Mallet finger.

**Decision rationale:** The Forearm, Hand and Wrist Chapter ACOEM Guidelines recommend using splints in a neutral position as treatment for carpal tunnel syndrome. Under the ACOEM and Official Disability Guidelines, wrist splints would not be indicated in this case. According to the most recent clinical assessment, the claimant was diagnosed with cervical and lumbar herniated discs with no indication of a wrist diagnosis or physical examination findings supportive of wrist pathology. Absent documentation of a supporting diagnosis, physical examination findings and positive imaging studies, the request for bilateral wrist splints would not be supported, therefore the request is not medically necessary.